MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04617

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural; LENGTH OF STAY (in this place) 21 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Federalsburg - Bridgeville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural; STREET ADDRESS (If rural, give location) Federalsburg - Bridgeville Road

3. NAME OF DECEASED (Type or Print): (First) Norman (Middle) F. (Last) Mills

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: February 27 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Dorchester County Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Taylor Mills

14. MOTHER'S MAIDEN NAME: Nancy Byrne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Robert H. Bradley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Metastasis. Carcinoma of Prostate.

177 Antecedent cause(s) (b) Primary Carcinoma of Prostate

51 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: 5/4/46

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1948, to 5/6, 1949, that I last saw the deceased alive on 5/6, 1949, and that death occurred at 6:25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. E. Lemmon M. D. | ADDRESS Federalsburg, Md | DATE SIGNED 5/9/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May 9, 1949 | NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery | LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REG. May 9, 1949 | REGISTRAR'S SIGNATURE S. S. Frampton

24. FUNERAL DIRECTOR J. J. Frampton and Son | ADDRESS Federalsburg, Maryland

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MAY 12 1949
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